

MSME18047841 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 10/04/2018 16:32
SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/04/2018 16:32
Date Of Accident	09/04/2018 20:40
Exact Location Of Accident	CAIRNHILL TURNING LEFT TO ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2748Y
Insured/Policyholder	
Name Of Registered Owner	CW AUTO RENTAL
Co Reg No	53313078J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91167770

Vehicle Particulars

Manufacturer	BMW
Model	320I

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M00000656
Cover Note Number	

Driver

Name of Driver	ONG CHIN WEE
NRIC No	S8805045B
Date Of Birth	21/02/1988
Occupation	INDOOR
Date Of Driving Pass	07/10/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91167770
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	9 BUKIT BATOK CENTRAL LINK #11-03
Postcode	658074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING IN LANE 2 OF CARINHILL ROAD TO ORCHARD ROAD ON 09/04/2018 @ 2040HRS. TRAFFIC LIGHT WAS GREEN AT THAT TIME. SO, I PROCEED TO TURN LEFT. SUDDENLY, VEHICLE B FROM GRANGE ROAD TURN RIGHT AND CUT INTO MY LANE AND CAUSED COLLISION. AFTER THE ACCIDENT, I TAKE THE PARTICULARS OF THE DRIVER OF VEHICLE B.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB1737Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA THYE AIK
NRIC/Passport Number	S1132641B
Contact Number	81269628
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

ONG CHIN WEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKB2748Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

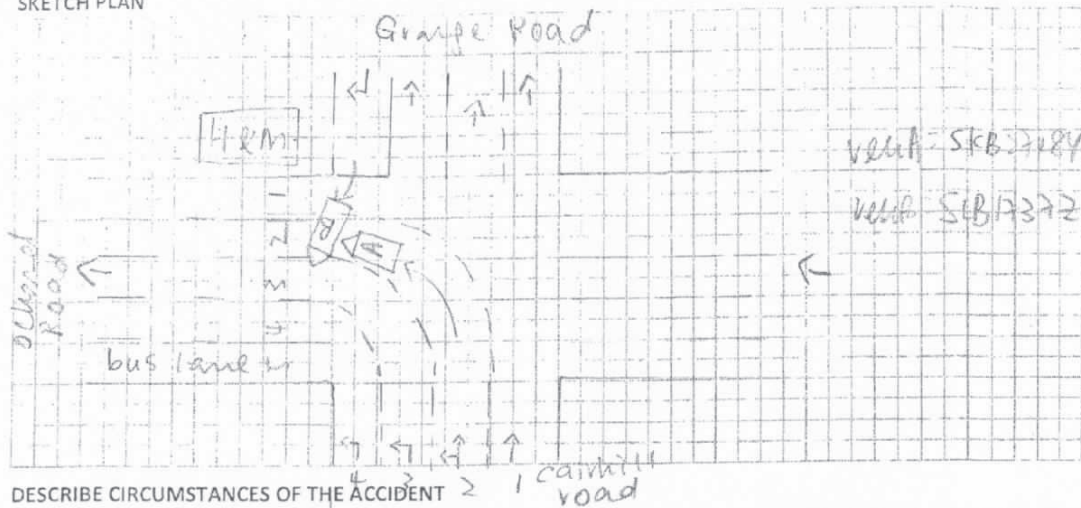
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Handwritten signature: HUA MEAN

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in lane 2 of carrhill Road
to Orchard road on 09.04.2018 @ 2040 hrs.
Traffic light was green at that time so
I proceed to turn left. Suddenly, vehicle B
from Grange Road suddenly turn right and
cut into my lane and caused collision.
After the accident, I take the particulars
of the driver of vehicle B.

DECLARATION
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180410/7006

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180410/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2018 14:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG CHIN WEE			Address: 9 BUKIT BATOK CENTRAL LINK #11-03 SINGAPORE 658074	
ID Type / ID No.: NRIC NO / S8805045B			Contact No.:	Mobile: 91167770
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: Ongchinwee@live.com	
Sex: Male	Age: 30	Date of Birth: 21/02/1988	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/04/2018 20:43	Type of Location: T-Junction
Location: carnhill road orchard road junction Junction orchard road and cornball road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB2748Y	Car	BMW	320i			0
SLB1737Z	Car	TOYOTA	altis	Silver		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180410/7006

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180410/7006

CONTINUATION OF REPORT

Driver			
Name	ONG CHIN WEE		ID No. S8805045B
Related Vehicle	SKB2748Y (Car)		Contact No. 91167770
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	09/04/2018	Date Discharge	09/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	chua thye aik		ID No. S1132641B
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

I was driving down Carnhill road and turning into orchard road on lane 2.
Driver of slb1737z Mr Chua was driving from opposite direction turning into lane 1.
slb1737z suddenly cut into lane 3, crashing into my car when I was turning into lane 2.

I have in car camera footage from my car.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20180410/7006

3 of 3

Report No. T/20180410/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/04/2018 14:33

Classification Of Case: